

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000019214	
1. Entity Name LANDRY QUALITY CONSULTING, LLC	

Principal Place of Business 1324 CALLE DEL SOL CIRCLE PORT ORANGE, FL 32129	Mailing Address 1324 CALLE DEL SOL CIRCLE PORT ORANGE, FL 32129
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01182006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0907525	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
LANDRY, RUSSELL A 1324 CALLE DEL SOL CIRCLE PORT ORANGE, FL 32129	

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANDRY, RUSSELL A 1324 CALLE DEL SOL CIRCLE PORT ORANGE, FL 32129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANDRY, JUDY C 1324 CALLE DEL SOL CIRCLE PORT ORANGE, FL 32129	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Russell A. Landry 1/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #